

Who Is Providing Care to People With HIV in Ontario?

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Preparing Providers: Tools and Strategies to Enhance Health Services

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Background

- People with HIV are living longer with combination antiretroviral therapy (ART)
- Specialist knowledge and high-HIV volumes are key, but
- Care has shifted towards the prevention and management of comorbidities
- Little is known about:
 - Who provides care for people with HIV
 - How to merge specialist expertise with generalist knowledge

Challenges

- Lack of standardization of specialist – primary care terminology
 - Training
 - Certified HIV specialist or focused training?
 - Role
 - First point of care?
 - Physician who coordinates care?

Objectives

- Describe who provides care to people living with HIV in Ontario
- Describe the amount and type of care provided by physicians for:
 - HIV-related care versus HIV-unrelated care
 - Care based on physician HIV caseload
 - Care based on physician speciality

Methods - Study Design

- Retrospective population-based observational study covering 1 April 2009 – 31 March 2012
- A validated case ascertainment algorithm identified almost all people with HIV and receiving care in Ontario
- Physicians to this HIV cohort were identified from the ICES Physician Database

Methods - Main Measures

- **Specialty:**
 - Family physicians (FP)
 - Internal medicine specialists (IM)
 - Infectious disease specialists (ID)
 - Other specialists
- **HIV Volume:**
 - Low (≤ 5 HIV patients)
 - Medium (6-49 HIV patients)
 - High (≥ 50 HIV patients)
- **Visits** were categorized by HIV or non-HIV care

Results

- 4,749 physicians provided care to 14,005 HIV patients:
 - 3,699 FPs
 - 55 IDs
 - 70 IMs
 - 895 other specialists
 - 30 not specified

Results

- FPs were:
 - slightly older (47.0y)
 - more often female (30.8%)
 - more likely to have graduated prior to 1990 (58.2%)
 - the only group with practices in rural settings (4.5%)

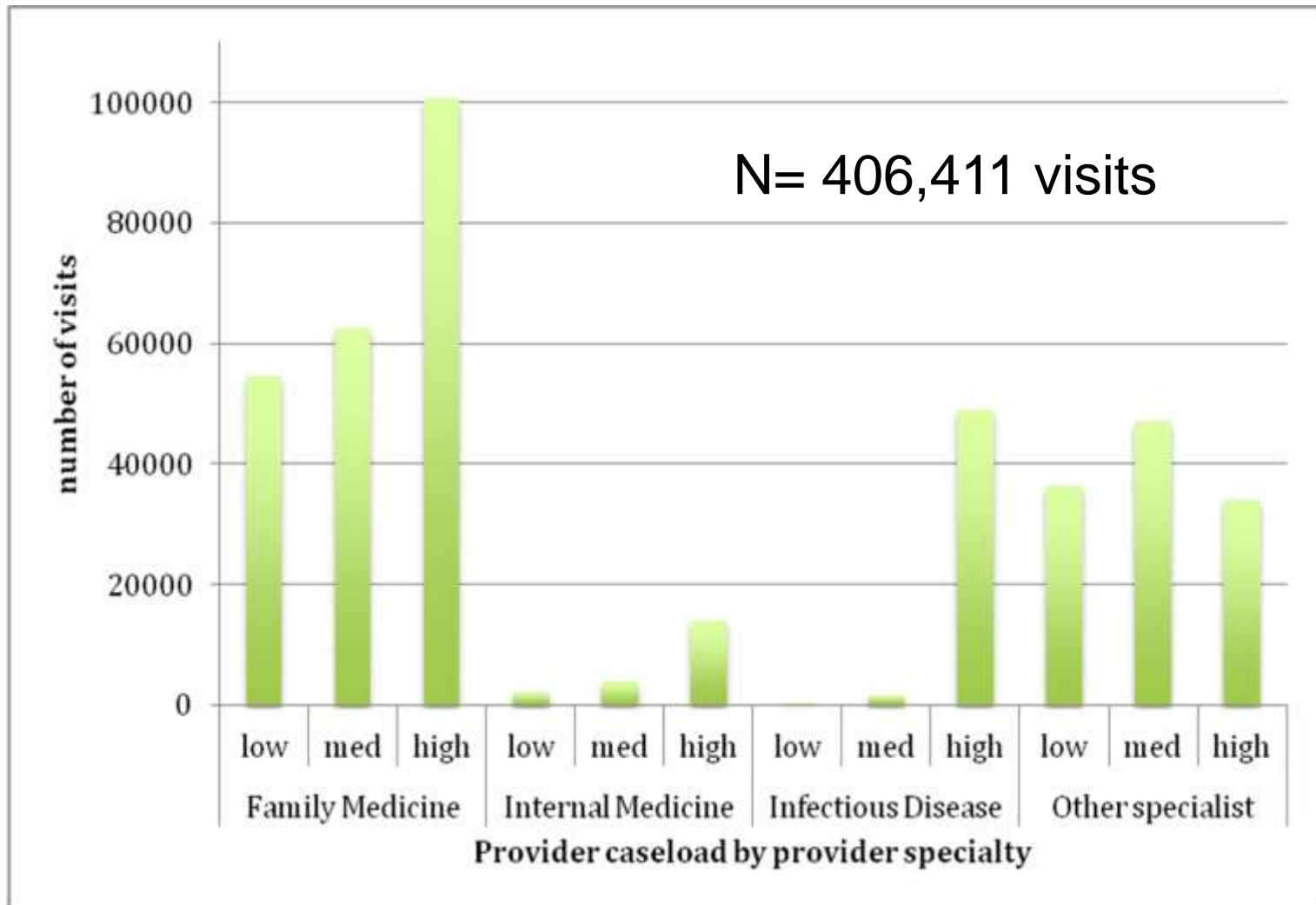


Results

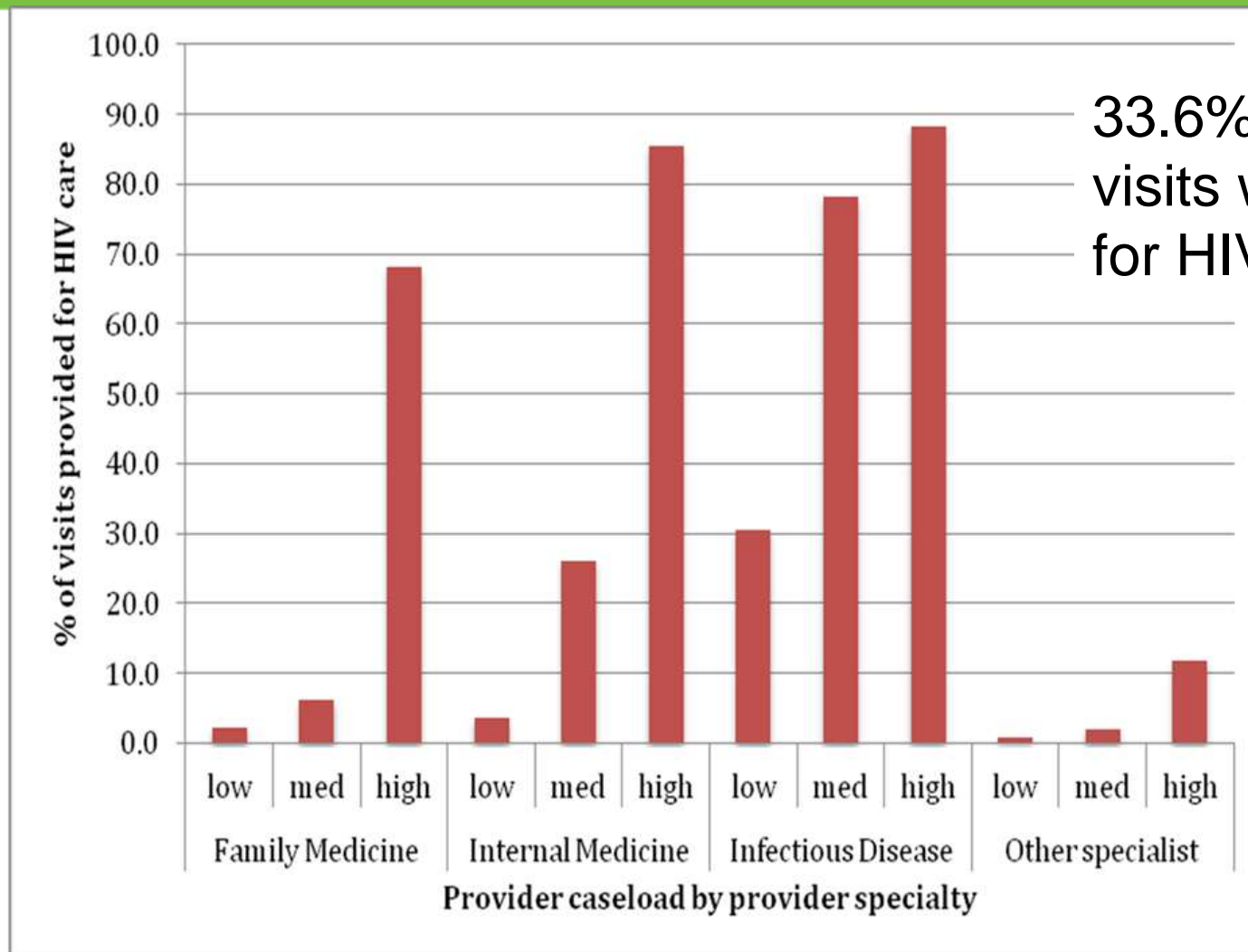
Provider Volume of HIV Care

- Most FPs (76.8%) were low-volume providers; only 2.1% were high-volume providers
- Most IDs (63.6%) were high-volume providers
- IMs were more evenly distributed

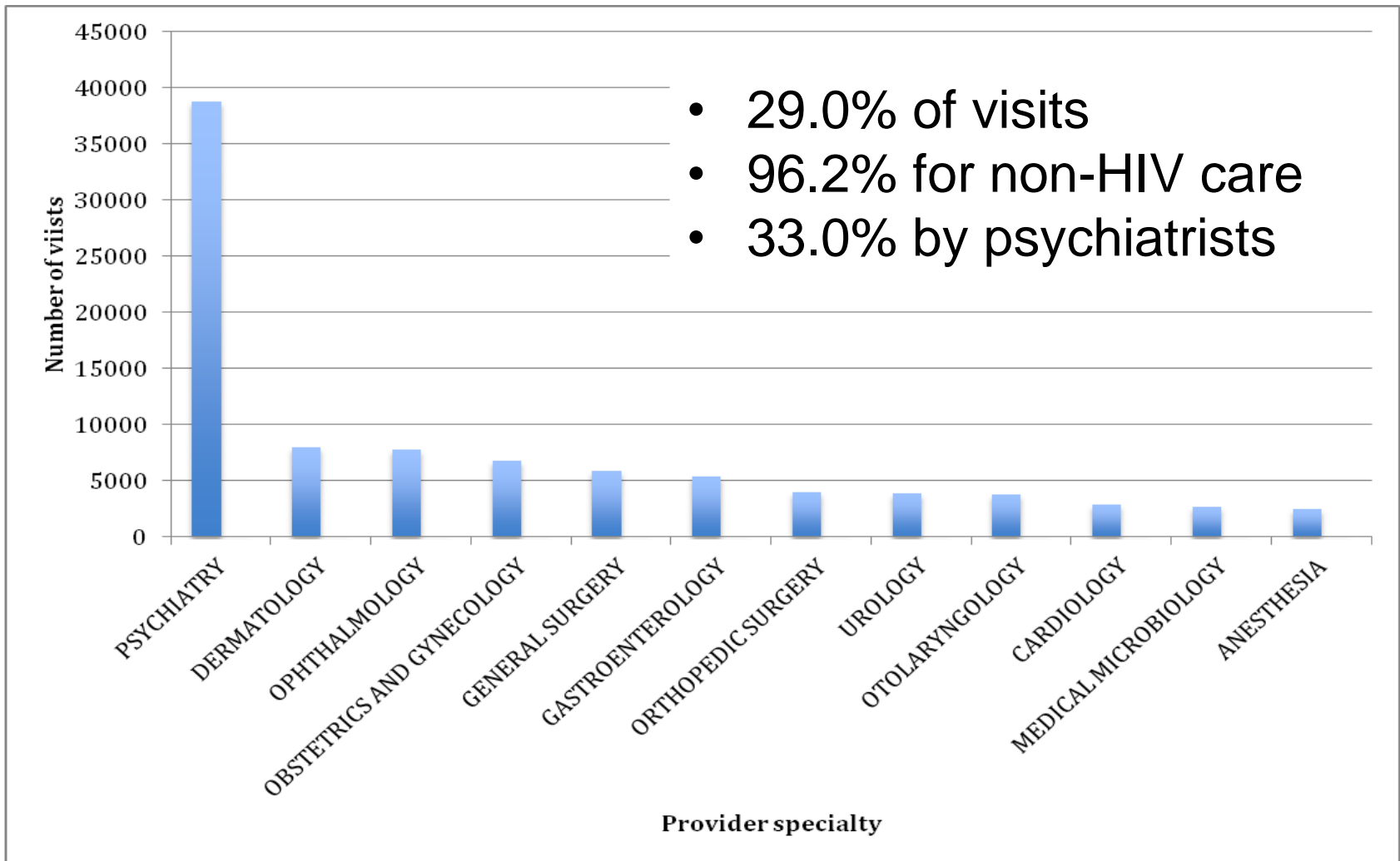
Number of visits by physician HIV volume and specialty



% of HIV visits by physician HIV volume and specialty



Distribution of visits by other specialists



Conclusions: Patterns of Care

- FPs provided majority of both HIV and non-HIV visits
 - Spread among many low-volume FPs in a variety of community settings
 - HIV care concentrated (50.2%) among a few high-volume FPs
- Most visits to ID and IM are to high-volume physicians for mostly HIV care
- Psychiatrists provided a substantial amount of care that approaches that of HIV specialists

Future Questions

- How is care shared between physicians (and other providers)?
- Can we develop a typology incorporating HIV-specific/high-volume care with non-HIV primary care?

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Selected References

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